

HLSC 2P00 Library Seminar



Ian Gordon, Teaching & Learning Librarian



Library Seminar Agenda

- Top 10 resources you should know about!
- Scholarly resources – books
- Scholarly resources – databases
- Scholarly resources – articles
- How to search for information
- Where, how and when to get help!
- Questions / Answers

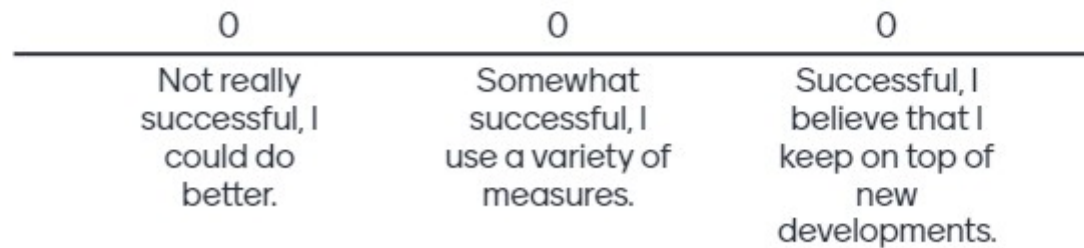
How successful are you at keeping up to date with scholarly
Information in your field?

1. Not really successful, I could do better
2. Somewhat successful, I use a variety of resources
3. Successful, I believe I keep on top of new developments

Join at menti.com use code 5922 5837

The code lets your audience join the presentation and expires in 2 days.

How successful are you as an information searcher?



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- Where, how and when to get help!
- Questions / Answers

Top 10 resources you should know about!

1. Zotero
2. Zotero enabled
3. Omni
4. Borrowing from Other Libraries
5. Brock Library HLSC Library Research Guide
6. Google Scholar, Google Books and Advanced Google searching
7. Tackle an AI-enabled database
8. MEDLINE via PubMed certified
9. MeSH Headings and controlled vocabulary
10. How to book a consultation




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Today's Hours


James A. Gibson Library	8am – 11pm
Archives & Special Collections	9:30am – 4:30pm
Makerspace	10am – 4pm
Map, Data & GIS Library	9am – 4pm
Ask Us Chat	10am – 10pm

[ALL HOURS](#)


New around here




MY LIBRARY ACCOUNT



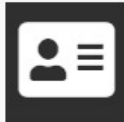
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BOOKABLE STUDY SPACE



CITATION GUIDES



RESEARCH GUIDES



WELLNESS AT THE LIBRARY

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What is this guide for?

This guide has been designed as a general program guide and is curated by [Brock librarians](#). It features links to most often used resources such as databases for books, peer-reviewed journal articles, theses, dissertations, open educational resources (OEDs), patents, standards, and more. Use the tabs on the left to navigate through the web page.

Selective course-related guides are provided when appropriate every term.

HLSC Library Seminar: Literature Reviews: Strategies and Resources to be Successful! (June 2023) ppt [slides](#) (PDF) & [video](#).

[Doing a Literature Review in Health and Social Care: A Practical Guide](#) (2023)

HLSC 2P00 Library Seminar ppt [slides](#) (PDF)



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Grey Literature

Grey literature [databases](#) identify resources that are key to research and scholarship. Many are open resources that go through a quality control process before they are published.

[Definitions](#) are scholarly dictionaries, encyclopedias and handbooks that help define terms and provide additional context.

[Concise Medical Dictionary](#) (2020) [Taber's Cyclopedic Medical Dictionary](#) (2021) [Dictionary of Public Health](#) (2018)

[Encyclopedia of Public Health](#) (2008) [Dictionary Plus: Medicine and Health](#) (2016)

[Encyclopedia of Lifestyle Medicine and Health](#) (2012)

[Wiley Blackwell Encyclopedia of Health, illness, behavior, and Society](#) (2014)

[Oxford Handbook of Public Health Practice](#) (2013)

[Key Themes in Public Health](#) (2014)

Occupational Health and [Safety](#) information is essential to dealing with injuries, accidents, government and regulatory information. There are many different handbooks and review resources, use [Omni](#) to locate individual resources, a selective few are listed below.

[Chemicals](#), small molecule and drug databases.

[Theses and Dissertations](#) are important unpublished resources granted and retained by universities as capstone projects, these, and dissertations.

[Open Education Resources](#) (OERs) are digital ebooks and learning objects that can be used as open textbooks on a wide variety of general and disciplinary subjects.

[Systematic Reviews and Evidence Synthesis](#) research involves specialty [databases](#) and resources.

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Data

Data and Statistics are published by organizations, researchers, private, public, and government agencies.

Contact the [Maps, Data & GIS Help Guides](#) to identify data resources, data sets, information or for [assistance](#) with GIS-related tasks, data management, data visualization and curation.

Note that several academic libraries have created extensive lists of data and statistics resources including the University of Toronto [Gerstein Centre](#) and [McGill Library](#).

A select list of health-related international, national and regional data sources includes the following:

- [Borealis \(Canadian Dataverse Repository\)](#)
- [Brock University Digital Repository](#)
- [Canadian Institute for Health Information \(CIHI\)](#)
- [Computing in the Humanities and Social Sciences \(CHASS\)](#)
- [figshare](#)
- [Global Health Repository \(WHO\)](#)
- [Health Infobase \(Canadian\)](#)
- [Health Statistics for Niagara \(Region of Niagara\)](#)
- [HealthStats \(World Bank\)](#)
- [Inter-university Consortium for Political and Social Research \(ICPSR\)](#)
- [odesi \(Canadian\)](#)
- [Organization for Economic Co-operation and Development \(OECD\)](#)
- [Public Health Ontario](#)
- [Statistics Canada](#)
To find Census data, health and key indicators, and subject-specific reports.
- [UN Data Explorer](#)

Do Canadian Indigenous peoples have a right to healthcare?

News, newspaper, newsmagazine, newswire...

We are nickel and dimed to death': Assembly of First Nations seeks strategy to address policy gaps in Indigenous health care

Toronto Star, Toronto, Ont.. 03 June 2023: A.12

TORONTO STAR
thestar.com

Full text

Details

Full Text

First Nations leaders are wrestling with what the future of Indigenous health care should look like as they piece together legislation meant to deal with multiple health crises, as well as the legacy of colonialism and racism.

The Assembly of First Nations

Conversations ranging from v
health crises in Indigenous c

One case mentioned multiple
but according to her last wor

With discriminatory taunts a

I empathize with Vice Chief David Pratt of the Federation of Sovereign Indigenous Nations (FSIN) who commented that "...in reality we have to work in this colonial structure that we call Canada." (We are nickel and dimed to death, 2023, A12).

However, it's not just racism in hospitals that's driving the conversation. Vice Chief David Pratt of the Federation of Sovereign Indigenous Nations (FSIN), who also sits on the AFN leadership table, said there are too many issues to address that are at crises status in First Nations communities across Canada.

In opening remarks, Pratt pointed out how the long-standing alcohol crisis in Indigenous communities has now escalated into a crystal-meth crisis. "Communities are forced to fund their own crystal meth recovery programs using their limited source revenue, and it's a situation that should not be the case," he said.

He also explained how an existing "status quo" currently guides conversations and decisions on First Nations health matters, and that it must end. In reference to those who believe health legislation might compromise Treaty and Inherent Right to Health, Pratt said, "in reality we have to work in this colonial structure that we call Canada."

Some leaders are skeptical about introducing new federal health legislation and believe there has been a lack of consultation during the preliminary meetings with the federal government.

Chiefs of varying nations in attendance made it known they completely reject proposed new legislation, while some have not made up their minds. Piikani Nation Chief Troy Knowlton stood up during a Q&A and said, "The comments made today clearly show the difference between some who are ready and some who are not."

"As chief, I have to make sure that anything that I sign onto, all the boxes are checked," he said, and that "it comes down to trust that First Nations have with the federal government."

Multiple leaders said they felt the process was rushed, which is one reason why they remained skeptical, with Knowlton describing it as a "forced timeline."

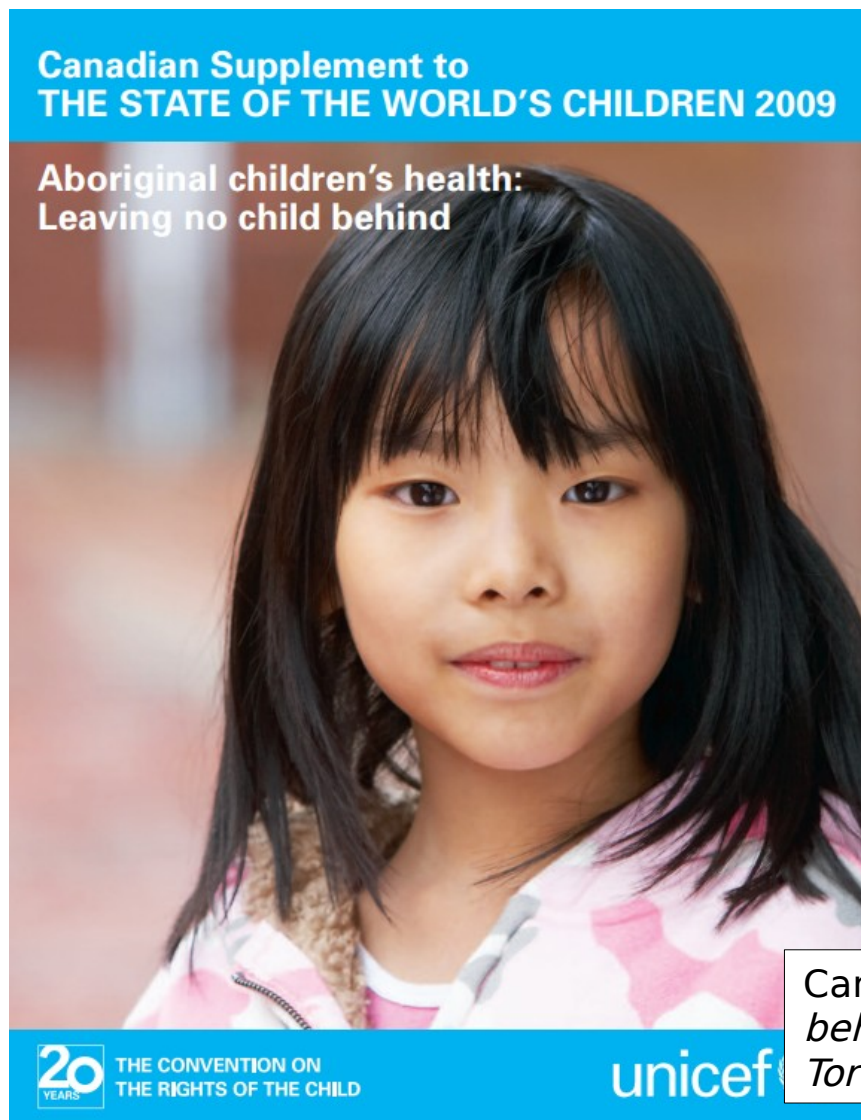
"Look at the support (Prime Minister Justin) Trudeau is giving to Ukraine, but if you look at the First Nations, we are nickel and dimed to death."

Discussions also included finding middle ground between Indigenous law and Canadian law - a hybridization - in an attempt to bridge policy gaps in health care for First Nations.

Pratt worried, "there's no time left."

'We are nickel and dimed to death': Assembly of first nations seeks strategy to address policy gaps in indigenous health care. (2023, Jun 03). *Toronto Star*

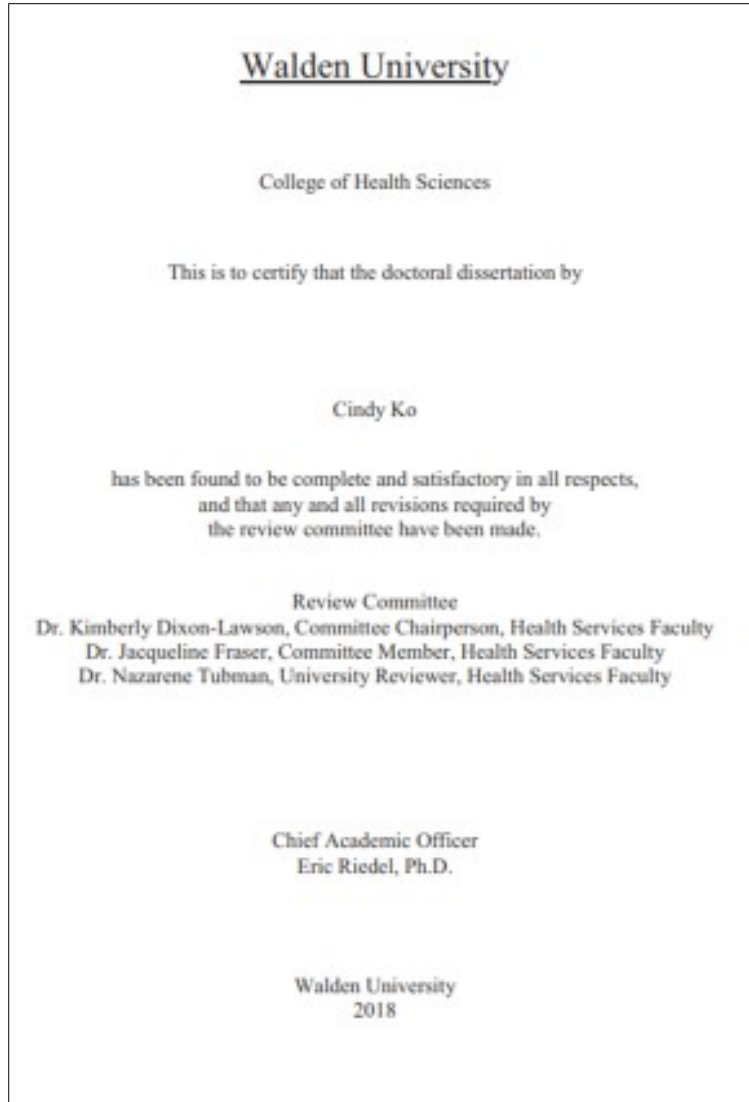
Reports, data, statistics...



“Our country is being called to a greater consciousness. Even if there are more questions than answers, it’s time to ask them. What kind of Canada do you want?” (Canadian UNICEF Committee, 2009, ii).

Canadian UNICEF Committee (2009). *Aboriginal children's Health: Learning no child behind / Canadian supplement to the State of the World's Children 2009*. (2009). Toronto, CUC. <https://www.unicef.ca/>

Theses, dissertations, MRPs...



“My study was significant because I focused specifically on how PN students gained meanings from their emotional self-management” (Ko, 2018, 14).

Ko, C. (2018). *Emotional self-management experiences of practical nursing students*. [Doctoral dissertation, Walden University. <https://scholarworks.waldenu.edu/dissertations/5739/>

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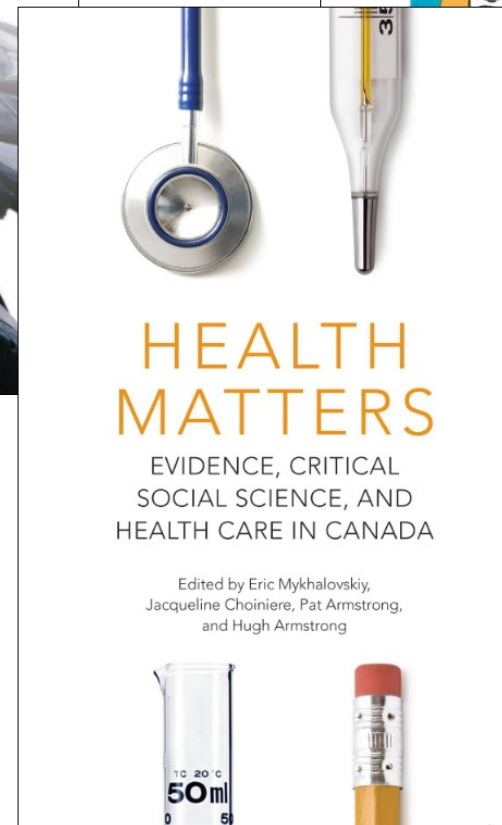
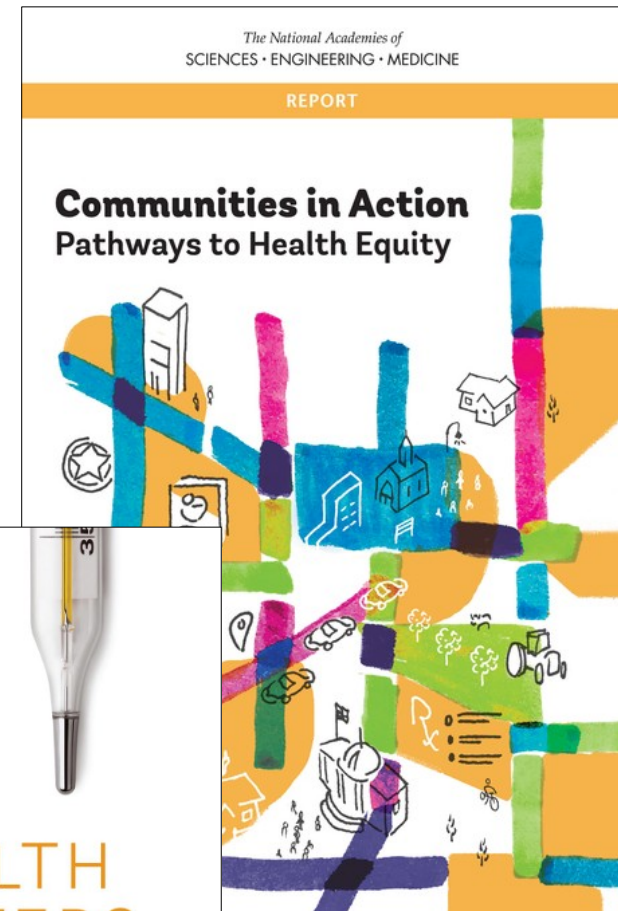
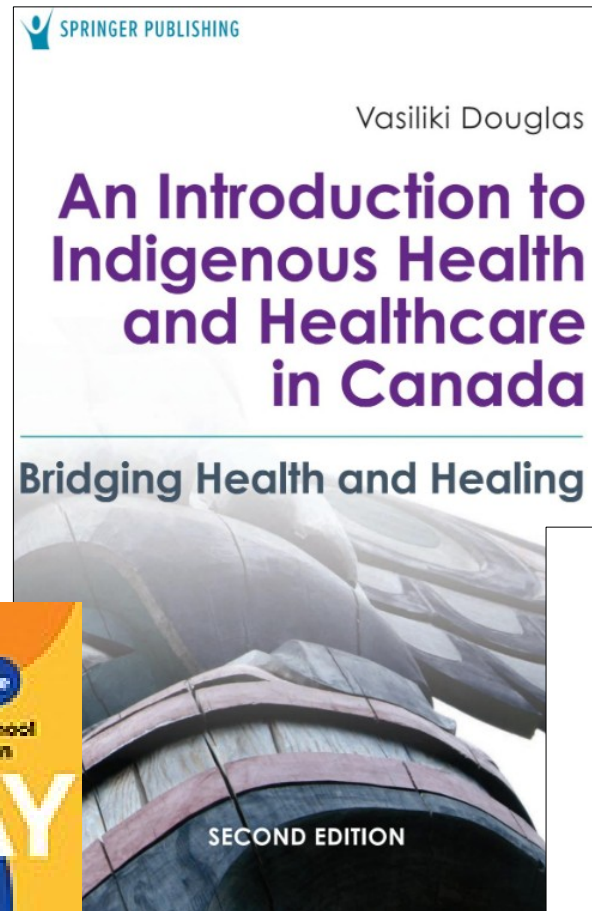
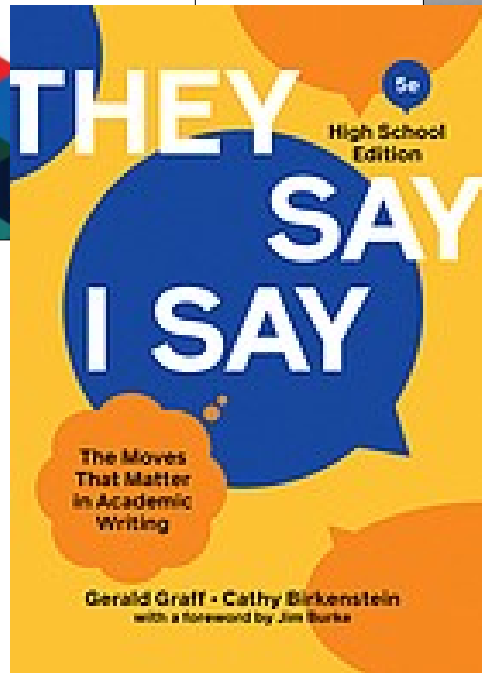
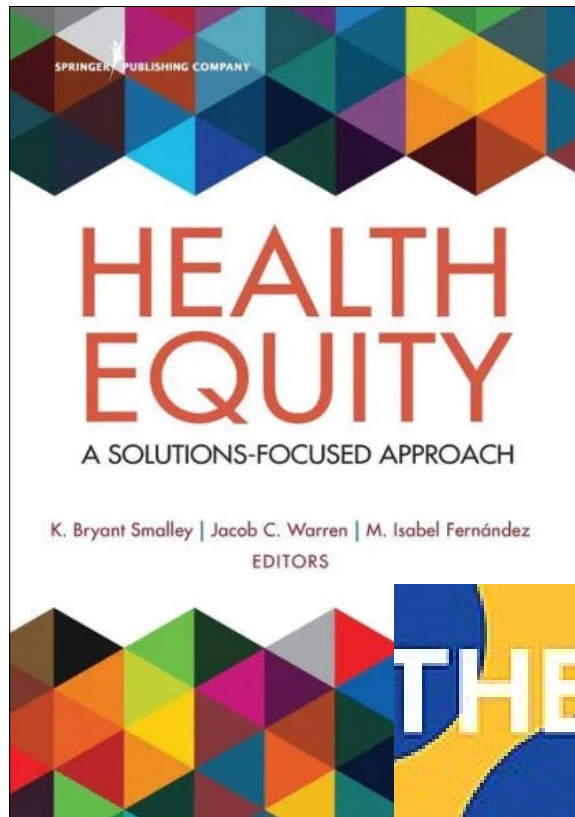
Books

Health sciences scholarly books or ebooks range from introductory textbooks, handbooks, and subject-specific resources. A select list of [databases](#) that identify books/ebooks are listed below.

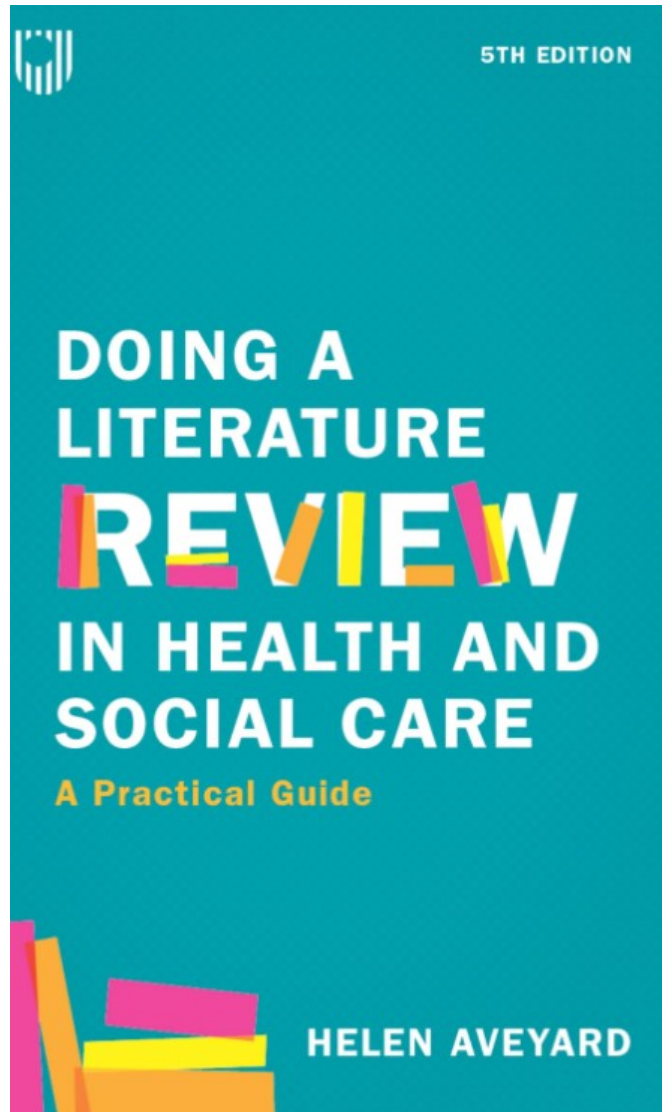
The most straightforward way to find books is by using [Omni](#) our local search interface!

Book & E-Book databases

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 - Brock's largest Interdisciplinary search tool
 - Millions of journal articles, books & ebooks, newspapers, videos, magazines and more!
- [Google Books](#)
Select "Limited preview and full view" and "Books" for best results.
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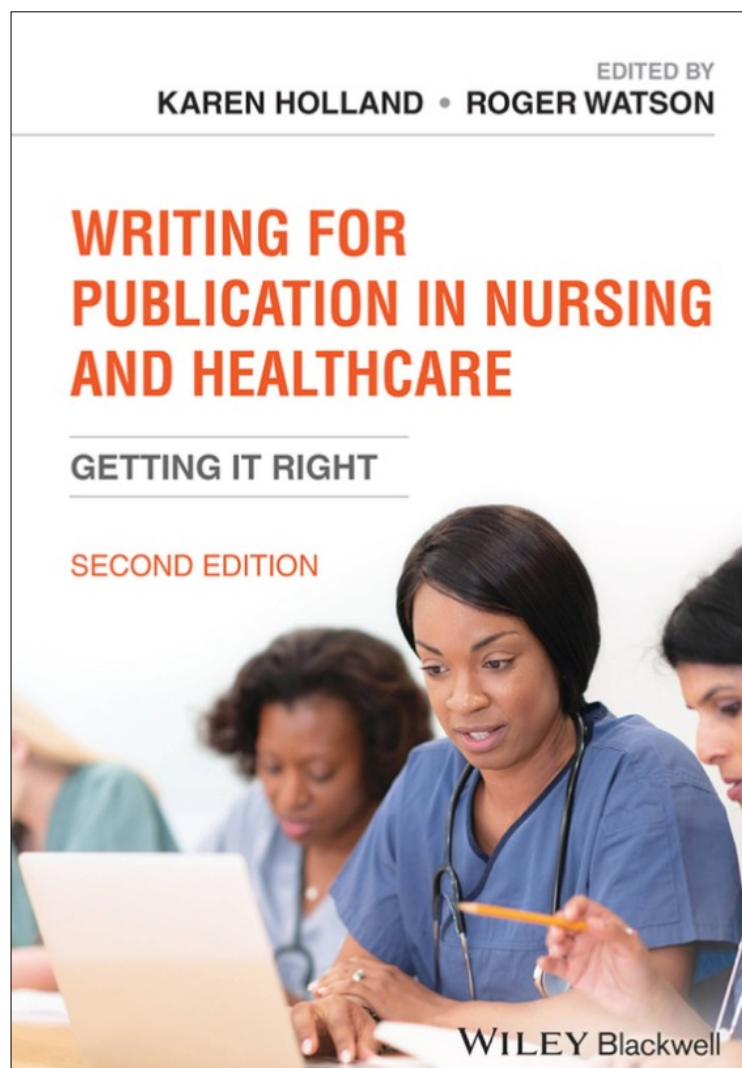


Take the time to read the entire book!



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Aveyard, H. (2023). *Doing a literature review in health and social care: A practical guide* (5th ed.). Open University Press/McGraw Hill.



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Holland, K., & Watson, R. (Eds.). (2021). *Writing for publication in nursing and healthcare: Getting it right* (2nd Ed.). Wiley.

Lorelei Lingard
Christopher Watling

Story, Not Study: 30 Brief Lessons to Inspire Health Researchers as Writers

See One, Do One, Teach One

1. If your literature review feels without stance, ask someone else to read it and flag when they see you using one of the three primary stances in Fig. 4.1.
2. Circle all the reporting verbs in your literature. What are your default verbs? Using Tables 4.1, 4.2 and 4.3 as a resource, revise your verbs to express your own position on the knowledge and to represent relations among scholars in the field.
3. Identify a key source you plan to cite in your literature review, and practice taking a stance. Experiment with expressing agreement and affiliation or disagreement and distance. Notice how stance shifts as you modify your verb choices.

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Defining 'Cool Climate' Research: A Bibliographic Analysis



Ian D. Gordon¹, Betty Galbraith², Chris Savino³

¹ James A. Gibson Library, Brock University, St. Catharines, ON, L2S 3A1, Canada.

² Owen Science Library, WSU Libraries, Washington State University, Pullman WA, 99164-5610, United States.

³ College of Agriculture and Life Sciences, Cornell University, Ithaca NY, 14853, United States.



Introduction

What counts as "cool climate" research continues to be open for debate by oenologist, viticulturalists, researchers, scholars, practitioners and wine lovers (Gardner 2016, Mowery 2016, Puckette 2018). Conducting a bibliographic analysis of cool climate scholarly papers and their journals, this study helps to provide data and more clarity as to what constitutes "cool climate" wine research. Bibliometric studies provide a critical quantitative evaluation of publishing, subject, and scholarly impact. This bibliometric study of "cool climate" wine scholarly papers and their journals is truly unique in its analysis and findings.

Methodology

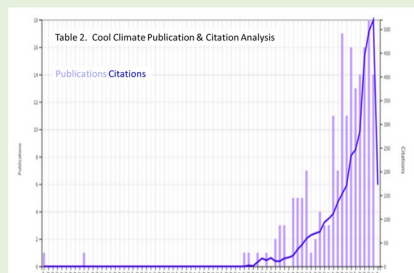
Three datasets were created using: 1) Clarivate Web of Science Complete and Elsevier Scopus database bibliographic search strategies ["cool climate" and wine*] AND (grape* or enolog* or oenolog* or viticulture or vino*) AND P(=2014-2018); 2) Clarivate InCites and Elsevier SciVal database benchmarking topic clusters and research categories e.g. TC, S44, and 3) published papers by researchers at or connected with Brock's CCOVI Institute, Cornell and WSU's Viticulture and Enology programs from 2014 to 2018. Data visualizations, benchmarking and statistical analysis were not limited to but included metrics from Journal Citation Reports (JCR), Altmetric Explorer, Scimago SJR, InCites, SciVal, Google Scholar, Harzing.com Publish or Perish, Bibliometrix R Package, CWTs Journal Indicators and additional alternate databases.



Findings

- Included 562 aggregated papers from 232 journals by **Brock (17.6%), Cornell (50.5%), and WSU (33.5%)** researchers
- Analyzed **7012 "cool climate" papers** in total, from **1127 journals**
- **Top 25 cool climate journals and their impact values**, see [Table 1](#)
- Cool climate research is **expanding exponentially**, 19.63 average citations per item, 30 h-index, see [Table 2](#)
- A significant **majority (79.9%) of "cool climate" papers** came from a **minority (21.2%) of academic journals**
- **Cool climate research is respectable**, 5-year aggregated mean cool climate **journal impact factor (2.681)** is respectable wrt Horticulture (1.597), Food Science & Technology (2.851), Biology (3.181), Ecology (3.385), Plant Sciences (4.414)...
- Top 50 (of 96) **cool climate subject clusters**, Food Science (9.6%), Agronomy (8.3%), Plant Science (7.1%), Horticulture (4.9%), Insect Science (3.4), and Ecology (2.9%), see [Figure 1](#)
- **Top cool climate indexing and abstracting databases**: Scopus (88.4%), Web of Science (85.9%), BIOSIS (70.3%), Vitis (51.2%), SciFinder-n (49.8), AGRIS (46.3%), MEDLINE (44.5%), FSTA (36.3%), AGRICOLA (35.8%)...
- Top cool climate researches **co/published on average 3.21 papers per year**, WSU (2.35), Brock (3.96), and Cornell (4.04)
- 2.7% of viticulture and oenology scholarly articles are tagged with **"cool climate" descriptors**
- 24.3% of cool climate papers were published in **open access journals**
- 3.8% of papers involve **non-scientific** research areas.

Journal Title	Impact
1 Australian Journal of Grape and Wine Research	17.40
2 Food Chemistry	34.72
3 Spanish oenological	24.80
4 Journal of Agricultural and Food Chemistry	25.08
5 American Journal of Enology and Viticulture	25.00
6 Frontiers in Plant Science	25.06
7 VIT - Food Science and Technology	34.40
8 Journal of Food Science	34.08
9 Journal of Food Science	33.00
10 Food One	33.20
11 South African Journal of Enology and Viticulture	30.03
12 Food Research International	30.43
13 Molecules	9.36
14 Academy of Management Journal	5.24
15 Journal International des Sciences de la Vigne et du Vin	4.90
16 FoodScience	5.64
17 Journal of Applied Microbiology	5.76
18 Annual Review of Entomology	5.20
19 Journal of Economic Entomology	5.15
20 Fermentation	5.04
21 European Journal of Agronomy	4.05
22 Vitis - Journal of Grapevine Research	4.77
23 European Food Research and Technology	4.70
24 International Journal of Food Microbiology	4.68
25 FoodTechnology	4.48



Cool climate wine research is interdisciplinary, international, prospering, and an important scientific discipline. Bibliometrics can help quantify research impact and outcomes. Academic librarians can support researchers with evidence synthesis, bibliometrics, graphics, visual presentations of data and assist with telling great stories.

Gordon, I. D., Galbraith, B., & Savino, C. (2022, July). *Defining cool climate Research: A bibliographic analysis*. [Poster Presentation]. International Cool Climate Wine Symposium, Brock University.
<https://archive.org/details/gordon-galbraith-savino-defining-cool-climate-research-a-bibliographic-analysis->



Defining Cool Climate Research: A Bibliographic Analysis

by Ian D. Gordon



Publication date
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2022-07-12

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Language

Poster presented at the International Cool Climate Symposium held at Brock University, St. Catharines, Ontario, Canada, July 17-21, 2022. Poster created and presented by Ian D. Gordon, Brock University, Betty Galbraith, Washington State University, and Chris Savino, Cornell University.

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23 Views

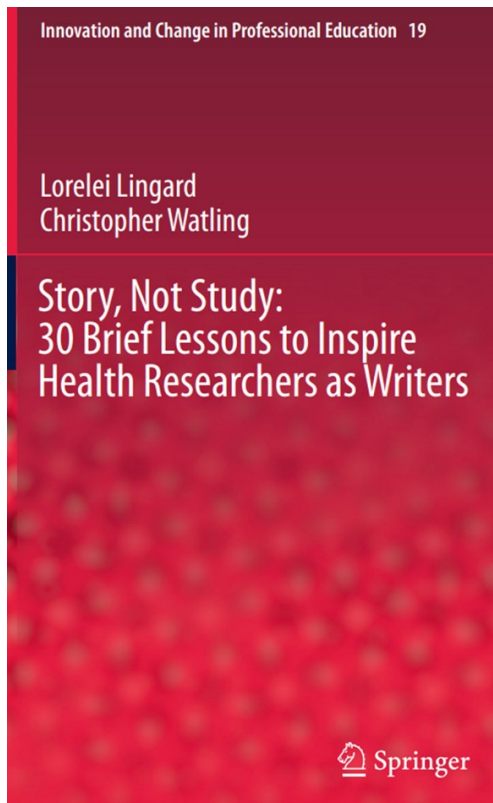
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Chapter 14 Get Control of Your Commas



*Please start cutting, Dr. Franklin.
Please start cutting Dr. Franklin.*

Comma placement can radically alter the meaning of a sentence. But many of us struggle to know where exactly to put them. How do you decide? Do you treat commas like salt, sprinkling them over your writing according to your personal taste? Have you a vague sense that, like too much salt, too many commas are bad for you? Or are you an adherent of the 'breathing' rule, inserting commas wherever a reader might need an O₂ break? Have you ever wondered why those editing your work have removed one comma but not another?

The purpose of a comma is to separate clauses within a sentence, phrases within a clause or words within a phrase, in order to succinctly and unambiguously express meaning. Seems straightforward, right? Wrong. The comma is arguably the most misunderstood of punctuation tools. Ask someone about comma rules and even those who begin with confidence are likely to trail off apologetically. This is because, although purists feel quite strongly about comma rules and bemoan their misuse in popular punctuation books (Truss 2003), comma use is not fully explained by rules. It depends in part on taste.

As David Crystal (2015) insists in his history of punctuation, variation in comma use is neither infinite nor totally idiosyncratic. It turns out that there are two broad schools of punctuation, and understanding them can help us to unravel the complexities of comma use. In the elocutional school, with its origins in antiquity, commas indicate intonation and pauses in oral speech. In the grammatical school, which arose with the advent of the printing press, commas express grammatical relations among parts of the sentence. What's tricky is that both approaches are still alive and well, so that most of us have been trained, explicitly or implicitly, to use a bit of both in our writing.

The original version of this chapter was revised: Epigraph was corrected. The correction to this chapter is available at https://doi.org/10.1007/978-3-030-71363-8_31

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corrected publication 2021

L. Lingard, C. Watling, *Story, Not Study: 30 Brief Lessons to Inspire Health Researchers as Writers*, Innovation and Change in Professional Education 19,
https://doi.org/10.1007/978-3-030-71363-8_14

I love the rhetorical comment/question in this book “Do you treat commas like salt, sprinkling them over your writing according to your personal taste” (Lingard & Watling, 2021, 95).

Lingard, L., & Watling, C. (2021). Get control of your commas
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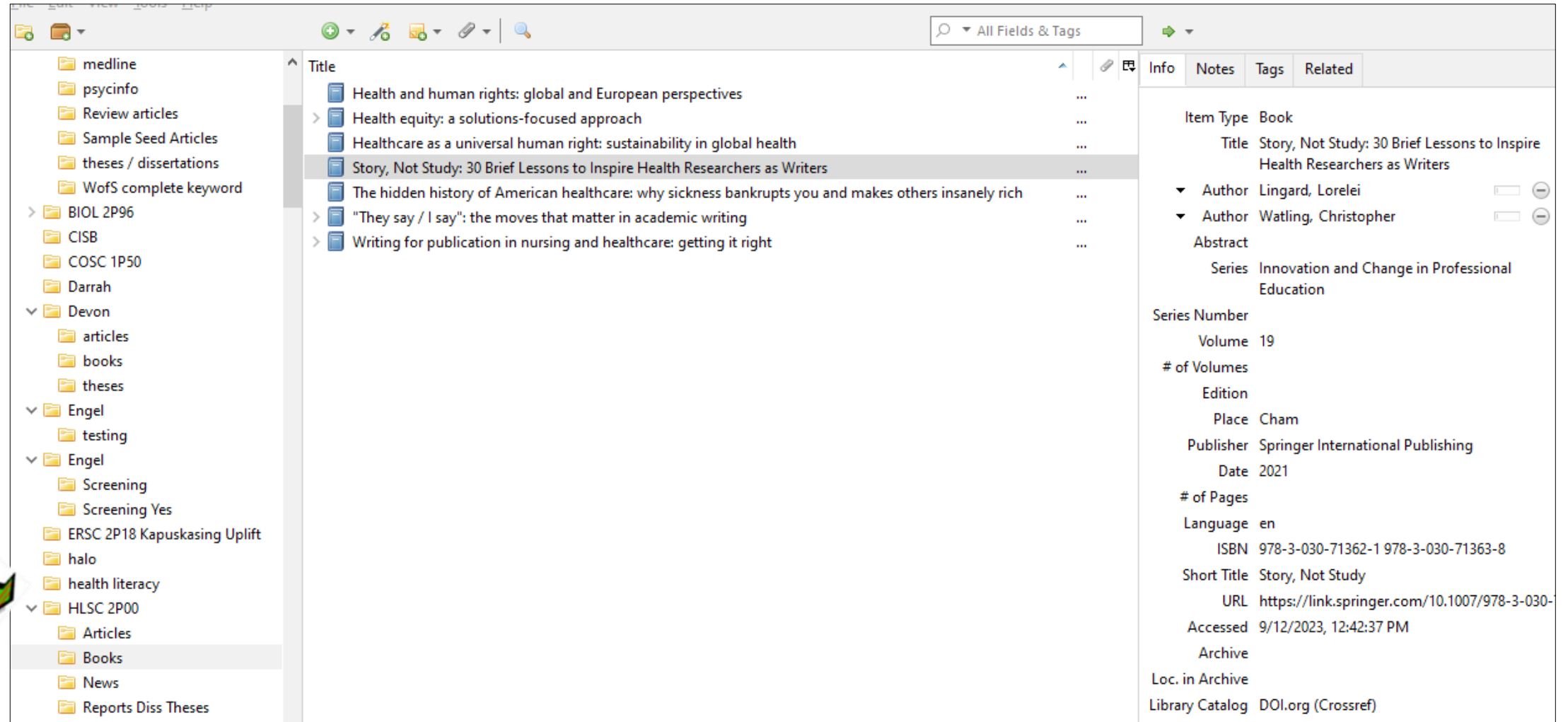
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The image shows the Zotero desktop application interface. On the left is a sidebar with a hierarchical tree view of the library. The main pane displays a list of items under the 'Title' column. The item 'Story, Not Study: 30 Brief Lessons to Inspire Health Researchers as Writers' is selected. On the right, the 'Info' tab shows the details of this item, including its title, authors, series, and publication information.

Library Structure (Left Sidebar):

- medline
- psycinfo
- Review articles
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- WofS complete keyword
- BIOL 2P96
 - CISB
 - COSC 1P50
 - Darrah
- Devon
 - articles
 - books
 - theses
- Engel
 - testing
- Engel
 - Screening
 - Screening Yes
- ERSC 2P18 Kapuskasing Uplift
- halo
- health literacy
- HLSC 2P00
 - Articles
 - Books
 - News
 - Reports Diss Theses

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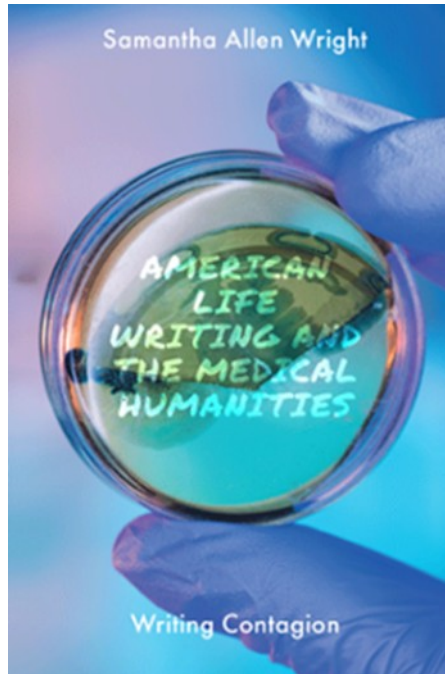
Title	
Health and human rights: global and European perspectives	...
Health equity: a solutions-focused approach	...
Healthcare as a universal human right: sustainability in global health	...
Story, Not Study: 30 Brief Lessons to Inspire Health Researchers as Writers	...
The hidden history of American healthcare: why sickness bankrupts you and makes others insanely rich	...
"They say / I say": the moves that matter in academic writing	...
Writing for publication in nursing and healthcare: getting it right	...

Item Details (Right Pane - Info tab):

Item Type	Book
Title	Story, Not Study: 30 Brief Lessons to Inspire Health Researchers as Writers
Author	Lingard, Lorelei
Author	Watling, Christopher
Abstract	
Series	Innovation and Change in Professional Education
Series Number	
Volume	19
# of Volumes	
Edition	
Place	Cham
Publisher	Springer International Publishing
Date	2021
# of Pages	
Language	en
ISBN	978-3-030-71362-1 978-3-030-71363-8
Short Title	Story, Not Study
URL	https://link.springer.com/10.1007/978-3-030-71362-1
Accessed	9/12/2023, 12:42:37 PM
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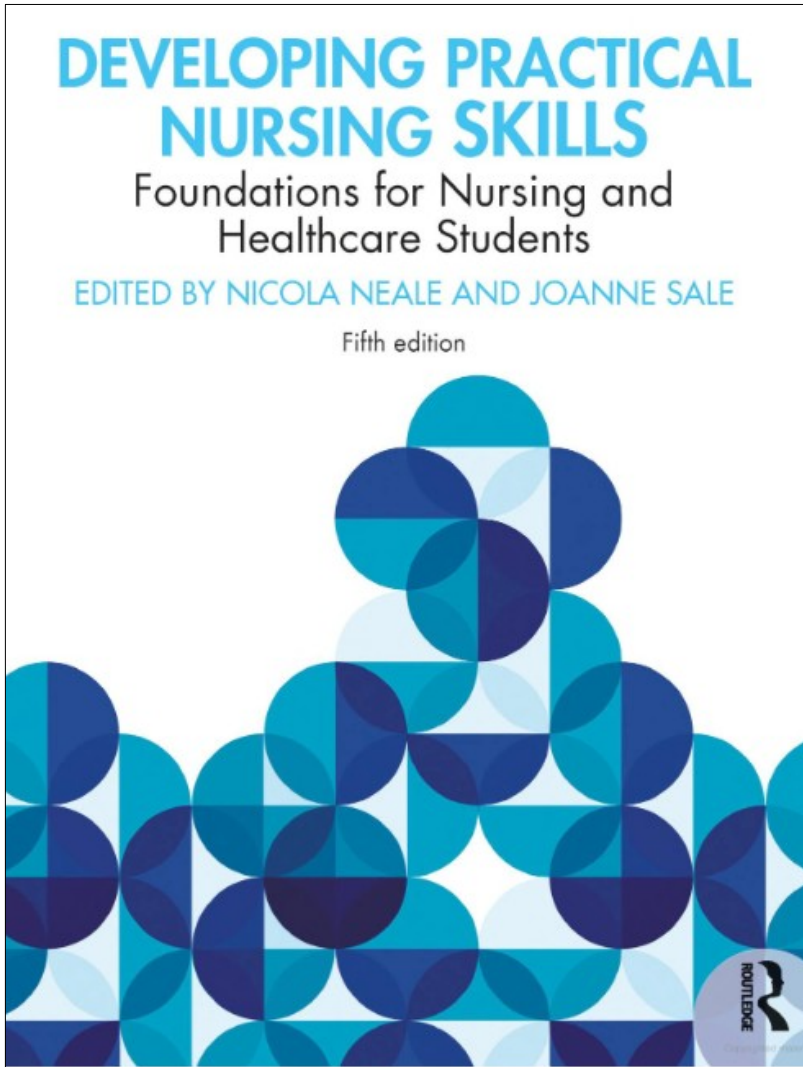
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Wright, S. A. (2020). American life writing and the medical humanities: Writing contagion. Emerald.



Neale, N., & Sale, J. (2022). *Developing practical nursing skills: Foundations for nursing and healthcare students* (5th ed.). Routledge. <https://doi.org/10.4324/9781003020660>

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Do Canadian Indigenous peoples have a right to healthcare?

Library Seminar Agenda

- Top 10 resources you should know about!
- Scholarly resources – books
- Scholarly resources – databases
- Scholarly resources – articles
- How to search for information
- Where, how and when to get help!
- Questions / Answers

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Several databases provide access to regional, national and international **news** articles.

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- **Google Scholar** [Open Access](#) [Alumni Access](#)

- Find Peer-reviewed papers, theses, books, and societies, repositories, universities and other
- Off-Campus access to Brock resources is available follows:
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 2. Select 'Library links' from the left menu
 3. Type Brock in the Library links box, and click
 4. Select Brock in the resulting list
 5. Click on the 'Save' button
 6. Follow the Find it @ Brock links to access

- **Web of Science Core Collection**

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- **Embase**

- Comprehensive biomedical database including more than 30 million records from more than 8,500 journals.
- Notable coverage of drug and pharmaceutical research, pharmacology and toxicology as well as robust international content.
- Coverage: 1974-current
- **Permitted Uses**

- **CINAHL Complete**

- Cumulative Index to Nursing and Allied Health Literature
- Covers nursing, allied health, alternative therapies, biomedicine, consumer health, and health administration.
- Coverage: 1937-present
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- Top 10 resources you should know about!
- Scholarly resources – books
- Scholarly resources – databases
- Scholarly resources – articles
- How to search for information
- Where, how and when to get help!
- Questions / Answers

Ko, C. (2022). Teaching diversity, equity, and inclusion topics – challenges and rewards, a reflection from a nursing professor. *Journal of Practical Nurse Education and Practice*, 2(2).
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Abstract

Diversity, equity, and inclusion (DEI) concerns gained a resurgence of momentum after Black Lives Matter (BLM) began in July 2013 following the death of Trayvon Martin in the United States. This paper is a reflection of some of the challenges and rewards I experienced in teaching DEI topic matters over the last decade in the midst of horrific social events such as the murder of black youths that invoked BLM, the recovery of the Indigenous children's remains in residential school sites across Canada, the missing and

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Cindy Ko
Niagara College Canada

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ABSTRACT

Diversity, equity, and inclusion (DEI) concerns gained a resurgence of momentum after Black Lives Matter (BLM) began in July 2013 following the death of Trayvon Martin in the United States. This paper is a reflection of some of the challenges and rewards I experienced in teaching DEI topic matters over the last decade in the midst of horrific social events such as the murder of black youths that invoked BLM, the recovery of the Indigenous children's remains in residential school sites across Canada, the missing and murdered Indigenous women and girls, and the various racially provoked hate crimes during the Covid-19 pandemic. In the last three to five years, there have been some changes in terms of how I deliver these topics that are noteworthy to share. I hope readers will join me in this ongoing journey to engage toward a more inclusive and just world.

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Teaching Diversity, Equity, and Inclusion Topics Challenges and Rewards, a Reflection from a Nursing Professor

Cindy Ko (PhD, LLM, MN, RN)
Niagara College Canada

Abstract

Diversity, equity, and inclusion (DEI) concerns gained a resurgence of momentum after the Black Lives Matter (BLM) movement began in July 2013 following the murder of Trayvon Martin in the United States. This paper is a reflection of some of the challenges and rewards I have experienced teaching DEI topics over the last decade in the midst of horrific social events such as the murder of Black youths, the recovery of Indigenous children's remains in residential school sites across Canada, the findings of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the various racially motivated hate crimes during the COVID-19 pandemic. I address the emotionally laborious work of teaching DEI topics and the anxiety it can cause, and I offer some of the practical strategies I use to work through my stress. I also discuss various theories of knowledge and ways of knowing that I employ to anchor difficult topics, motivate student engagement, and move beyond superficial discussions. In the last three to five years, I have made changes to how I deliver this subject matter such as including an online discussion forum to encourage conversation beyond scheduled lecture time and providing a voluminous list of optional resources that takes into considerations the students' developmental readiness and level of previous historical contexts to facilitate their understanding. I hope to offer insights that other educators teaching DEI courses, especially in health care contexts, will find valuable. I hope readers will join me in this ongoing journey toward a more inclusive and just world.

Keywords: diversity, equity, inclusion, brave space, ways of knowing

Cindy Ko (PhD) declares that there is no conflict of interest. Her mailing address is Niagara College, 100 Niagara College Blvd., Room AH147 Welland, Ontario L3C 7L3. For correspondence email cko@niagaracollege.ca

Take the time to read the entire article!

3. Active Reading

Active reading means reading a source with the purpose of understanding and evaluating it for its relevance to your needs. When actively reading, you will critically engage with the content. This process will save you time and help you effectively understand and learn.

Some techniques that you can apply to active reading (from [The Open University](#)):

- Underline or highlight keywords and phrases as you read. When you return to it later on, you can easily see which points you identified as important. Be selective - too much highlighting won't help.
- Make annotations in the margin to summarise points, raise questions, challenge what you've read, write down examples, and so on. This takes more thought than highlighting, so you'll probably remember the content better. (Use sticky notes if you don't want to mark the text.)
- Read critically by asking questions of the text. Who wrote it? When? Who is the intended audience? Does it link with other material you've studied in the module? Why do you think it was written? Is it an excerpt from a longer piece of text?
- Test yourself by reading for half an hour, putting the text away, and writing down the key points from memory. Go back to the text to fill in gaps.
- Look for 'signposts' that help you understand the text - phrases like 'most importantly', 'in contrast', 'on the other hand'.
- Explain what you've read to someone else.
- Record yourself reading the module material or your notes, and listen to the recording while you're traveling or doing household chores.

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(...) Abstract Diversity, equity, and inclusion (DEI) concerns ...

Some background about the author

I was born in British Hong Kong and have lived and traveled abroad over the years. My family and I immigrated to Canada when I was a teenager. I came from a relatively privileged background. As a young adult, I did not understand anything about racism beyond a few derogatory racial epithets, so I did not know how to articulate discrimination or racism when I experienced it. The first time I knew something was wrong was when a friend adamantly defended his neighbour after I told him that the neighbour had called me a name. My friend did not believe me and labelled me a liar. I remembered feeling extremely hurt, but I could not verbally defend myself because I simply did not have the linguistic tools nor the full comprehension to do so. This particular experience would eventually propel me to join the first ever Diversity Access and Equity Committee at the City of Toronto in the early 2000s. There, I began my journey in learning about discrimination issues, which led me to complete a PhD in public health policies, and later a second master's degree in health law in 2020. The first course I taught was Diversity and Health, and DEI topics have been part of my teaching portfolio ever since. I currently volunteer in two community healthcare organizations where I support their DEI initiatives and policy-making processes.

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[Warren Jennings](#), [Chelsea J. Bond](#), [P. Hill](#) · Political Science, Medicine · Australian Journal of Primary Health · 8 May 2018

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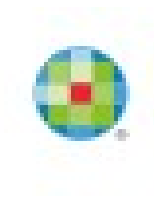
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Institution:	Sullivan, Patrick. College of Medicine, University of Saskatchewan, Saskatoon, Saskatchewan, Canada patricksullivan@gmail.com. Starr, Victor. Kihew Kawaskasit Health Services, Star Blanket Cree Nation, Saskatchewan, Canada. Dubois, Ethel. Star Blanket Cree Nation, Star Blanket Cree Nation, Saskatchewan, Canada. Starr, Alyssa. College of Medicine, University of Saskatchewan, Saskatoon, Saskatchewan, Canada. Acharibasam, John Bosco. College of Medicine, University of Saskatchewan, Saskatoon, Saskatchewan, Canada. McIllduff, Cari. College of Medicine, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.
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Abstract:	<p>In Canada, colonisation, both historic and ongoing, increases Indigenous vaccine hesitancy and the threat posed by infectious diseases. This research investigated Indigenous vaccine hesitancy in a First Nation community in Saskatchewan, ways it can be overcome, and the influence of a colonial history as well as modernity. Research followed Indigenous research methodologies, a community-based participatory research design, and used mixed methods. Social media posts (interventions) were piloted on a community Facebook page in January and February (2022). These interventions tested different messaging techniques in a search for effective strategies. The analysis that followed compared the number of likes and views of the different techniques to each other, a control post, and community-developed posts implemented by the community's pandemic response team. At the end of the research, a sharing circle occurred and was followed by culturally appropriate data analysis (Nanatawihowin Acimowina Kika-Mosahkinikehk Papiskici-Itascikewin Astacikowina procedure). Results demonstrated the importance of exploring an Indigenous community's self-determined solution, at the very least, alongside the exploration of external solutions. Further, some sources of vaccine hesitancy, such as cultural barriers, can also be used to promote vaccine confidence. When attempting to overcome barriers, empathy is crucial as vaccine fears exist, and antivaccine groups are prepared to take advantage of empathetic failures. Additionally, the wider community has a powerful influence on vaccine confidence. Messaging, therefore, should avoid polarising vaccine-confident and vaccine-hesitant people to the point where the benefits of community influence are limited. Finally, you need to understand people and their beliefs to understand how to overcome hesitancy. To gain this understanding, there is no substitute for listening.</p>

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Where past meets present: Indigenous vaccine hesitancy in Saskatchewan

Patrick Sullivan,¹ Victor Starr,² Ethel Dubois,³ Alyssa Starr,¹ John Bosco Acharibasam,¹ Cari McIllduff¹

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ABSTRACT

In Canada, colonisation, both historic and ongoing, increases Indigenous vaccine hesitancy and the threat posed by infectious diseases. This research investigated Indigenous vaccine hesitancy in a First Nation community in Saskatchewan, ways it can be overcome, and the influence of a colonial history as well as modernity. Research followed Indigenous research methodologies, a community-based participatory research design, and used mixed methods. Social media posts (interventions) were piloted on a community Facebook page in January and February (2022). These interventions tested different messaging techniques in a search for effective strategies. The analysis that followed compared the number of likes and views of the different techniques to each other, a control post, and community-developed posts implemented by the community's pandemic response team. At the end of the research, a sharing circle occurred and was followed by culturally appropriate data analysis (Nanāwahowin Ācimowina Kika-Mōsahkinikēhik Pāpiskici-Itasikēwin Astācikowina procedure). Results demonstrated the importance of exploring an Indigenous community's self-determined solution, at the very least, alongside the exploration of external solutions. Further, some sources of vaccine hesitancy, such as cultural barriers, can also be used to promote vaccine confidence. When attempting to overcome barriers, empathy is crucial as vaccine fears exist, and antivaccine groups are prepared to take advantage of empathetic failures. Additionally, the wider community has a powerful influence on vaccine confidence. Messaging, therefore, should avoid polarising vaccine-confident and vaccine-hesitant people to the point where the benefits of community influence are limited. Finally, you need to understand people and their beliefs to understand how to overcome hesitancy. To gain this understanding, there is no substitute for listening.

INTRODUCTION

Indigenous Peoples in Canada, including First Nations, Métis and Inuit Peoples, experience the detrimental impacts of both historic and ongoing forms of colonisation, including persistent health and economic inequalities (Reading and Wien 2009, 8). During the COVID-19 pandemic, overcrowded housing placed Indigenous Peoples at higher risk of transmitting infection while an inequitable burden of COVID-19-relevant comorbidities elevated their risk of severe infection (Baile and Wayne 2006, 178; Reading and Wien 2009, 6; Charania and Tsuji 2012, 268; Mosby and Swidrovich 2021, 381–3).

However, throughout the pandemic, Indigenous communities used various self-led protective strategies in response to their increased risk (Power *et al.* 2020, 2739).


Heightened vaccine hesitancy among Indigenous Peoples stems from a long history of medical experimentation, forced or coerced sterilisation, residential school experiences, and unethical research by the very institutions who promote vaccination (Mosby and Swidrovich 2021, 381–3; Newman, Woodford, and Peek 2021, 698). Many legitimate life-saving (2021, 381–3), i confidence with research set out an Indigenous surrounding C 2022; Verd, Fers and better understand how to promote vaccine confidence within Indigenous communities in Saskatchewan. Indigenous research methodologies, a community-based participatory research (CBPR) design and mixed methods were adopted to guide this work.

This project engaged an Indigenous community, Star Blanket Cree Nation, in Saskatchewan, Canada to collaboratively develop a series of social media posts (interventions) to pilot on a community-run social media page. The posts were all approved by a community research advisory committee (CRAC) and followed behavioural insights (BI) and conspiracy theory strategies. These posts will be referred to as piloted posts or interventions, depending on context. Social media analytics were applied for a measurement of intervention effectiveness and so that different messaging strategies could be compared. As the project proceeded, a reflexive research approach allowed additional comparisons to be made between piloted posts and those developed entirely by community. At the project's completion, a sharing circle occurred where Indigenous community members contributed qualitative data that added depth to researcher understanding of Indigenous vaccine hesitancy.

Morning Star Lodge (MSL) is an Indigenous community-based health research lab. Founded in 2010, the lab has accumulated considerable experience supporting Indigenous communities through collaborative work. To support the often-argued most critical social determinant of Indigenous health, self-determination (Reading and Wien

Sullivan, P., Starr, V., Dubois, E., Starr, A., Acharibasam, J. B., & McIllduff, C. (2023). Where past meets present: Indigenous vaccine hesitancy in Saskatchewan. *Medical Humanities*, 49(2), 321–331. <https://doi.org/10.1136/medhum-2022-012501>

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#9	...	>	Search: "Human Rights" [Mesh] Sort by: Most Recent	156,108	11:34:54	
#8	...	! >	Search: #3 and #7	4,676	11:34:16	
#7	...	>	Search: #4 or #5 or #6	13,218,254	11:33:55	
#6	...	>	Search: healthcare [Title] OR "health care" [Title]	182,936	11:33:27	
#5	...	>	Search: "Health Care Category" [Mesh] Sort by: Most Recent	13,192,536	11:33:00	
#4	...	>	Search: "Health Services" [Mesh] Sort by: Most Recent	2,439,955	11:32:14	
#3	...	! >	Search: #1 or #2	6,175	11:30:39	
#2	...	! >	Search: metis [Title] OR indigenous [Title] OR native of "first canadian*" [Title] OR "first nation*" [Title] OR eskimo [Title] OR inuit [Title]	3,101	11:30:11	
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Judith Lovell ¹, Louise Clark ²

Affiliations + expand

PMID: 36217757 DOI: 10.1080/10810730.2022.2134523

Abstract

Effective communication is critical for engagement between clients and health professionals, transfer of health information and health decision-making. Internationally, there is recognition that if health communication interventions were successfully implemented, then health communication equity would improve. This rapid realist review was undertaken with the aim of providing guidance on the circumstances in which communication interventions were likely to work in regional health service settings accessed by First Nations people from remote and very remote geographic areas of Australia. The realist review involved a process of searching literature on key terms and the identification of relevant studies and policies by a content expert group, including non-Indigenous and First Nations health researchers. Evidence was extracted to inform and synthesize into guiding principles, using a realist perspective. This review identified studies that provided evidence from 37 Australian and international settings where the dominant language and culture of the health sector differs from that of the majority of service users. A number of guiding principles were synthesized: 1) to build trust and respect by inclusion of an individual patient's cultural perspective; 2) to enhance concordant understanding of health information through two-way health literacies and learning; 3) to recognize the entanglement of health communication equity with regional socio-cultural and health determinants. This review generated realist informed guiding principles to suggest how and under what conditions health communication interventions can enable healthcare decision-making at an individual and service level.

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Implementing Interventions to Improve Health Communication Equity for First Nations People: Guidance from a Rapid Realist Review

JUDITH LOVELL¹ and LOUISE CLARK²

¹Northern Institute, Charles Darwin University, Alice Springs, Sadadeen, NT, Australia

²Tasmanian School of Medicine, University of Tasmania, Hobart, TAS, Australia

ABSTRACT

Effective communication is critical for engagement between clients and health professionals, transfer of health information decision-making. Internationally, there is recognition that if health communication interventions were successfully implemented, health communication equity would improve. This rapid realist review was undertaken with the aim of providing guidance on circumstances in which communication interventions were likely to work in regional health service settings accessed by First Nations people from remote and very remote geographic areas of Australia. The realist review involved a process of searching literature on key terms and the identification of relevant studies and policies by a content expert group, including non-Indigenous and First Nations health researchers. Evidence was extracted to inform and synthesize into guiding principles, using a realist perspective. This review identified studies that provided evidence from 37 Australian and international settings where the dominant language and culture of the health sector differs from that of the majority of service users. A number of guiding principles were synthesized: 1) to build trust and respect by inclusion of an individual patient's cultural perspective; 2) to enhance concordant understanding of health information through two-way health literacies and learning; 3) to recognize the entanglement of health communication equity with regional socio-cultural and health determinants. This review generated realist informed guiding principles to suggest how and under what conditions health communication interventions can enable healthcare decision-making at an individual and service level.

Background

Effective health communication is critical for engagement between clients and health professionals, transfer of health information, in decision-making, and in addressing health equity (World Health Organisation, 2022). In Australia, key policy frames effective communication with First Nations consumers as fundamental to the provision of accessible, culturally responsive, and safe health care. For example, the communication domain within the *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health* (Australian Health Ministers' Advisory Council, 2016) identifies First Nations cultural and linguistic diversity; the link between communication and health literacy; and the broader communication environment inclusive of physical, electronic, and organizational resources. While context-specific issues

such as resource levels and skilled workforces are recognized, well-aligned health communication interventions and relevant outcome measures are not detailed. This rapid realist review was undertaken with the aim of producing guidance from existing studies, to support implementation at the local level in regional health services likely to communicate with First Nations clients of diverse linguistic and cultural backgrounds.

Health service performance measures are linked to the *Aboriginal and Torres Strait Islander Health Performance Framework (HPF)* (Australian Institute of Health Welfare, 2017), which in turn includes monitoring through the *National Safety and Quality Health Service Standards (NSQHS)* (Australian Commission on Safety and Quality in Health Care, 2017). 'Communicating for Safety' is Standard 6 of the 8 NSQHSs and intends 'to ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients' (Australian Commission on Safety and Quality in Health Care, 2017, p. 18). This standard acknowledges the importance of health communication, but it focuses on communication between health professionals rather than between health professionals and other people, excepting for effectively communicating with 'patients, carers, and families during high-risk situations'

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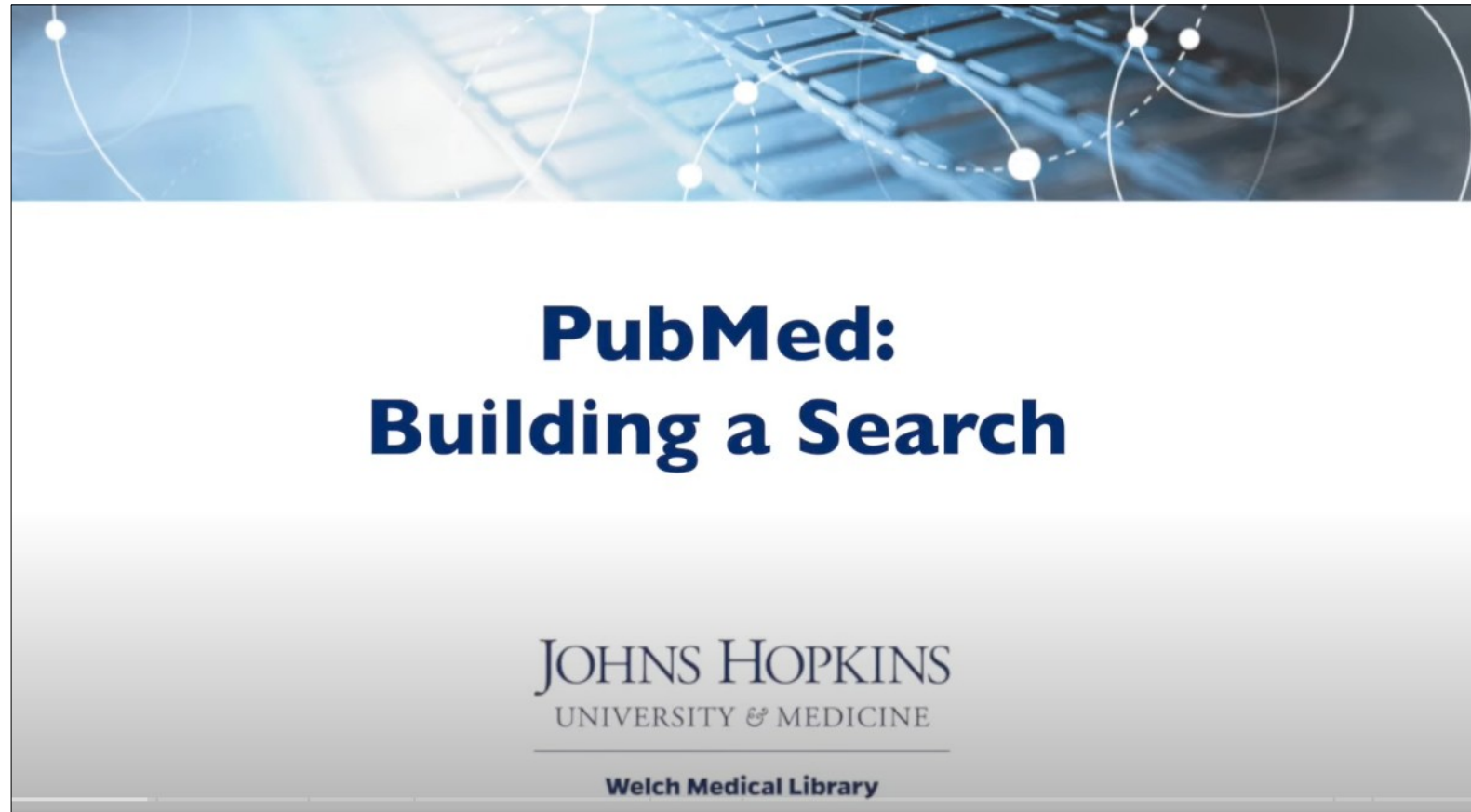
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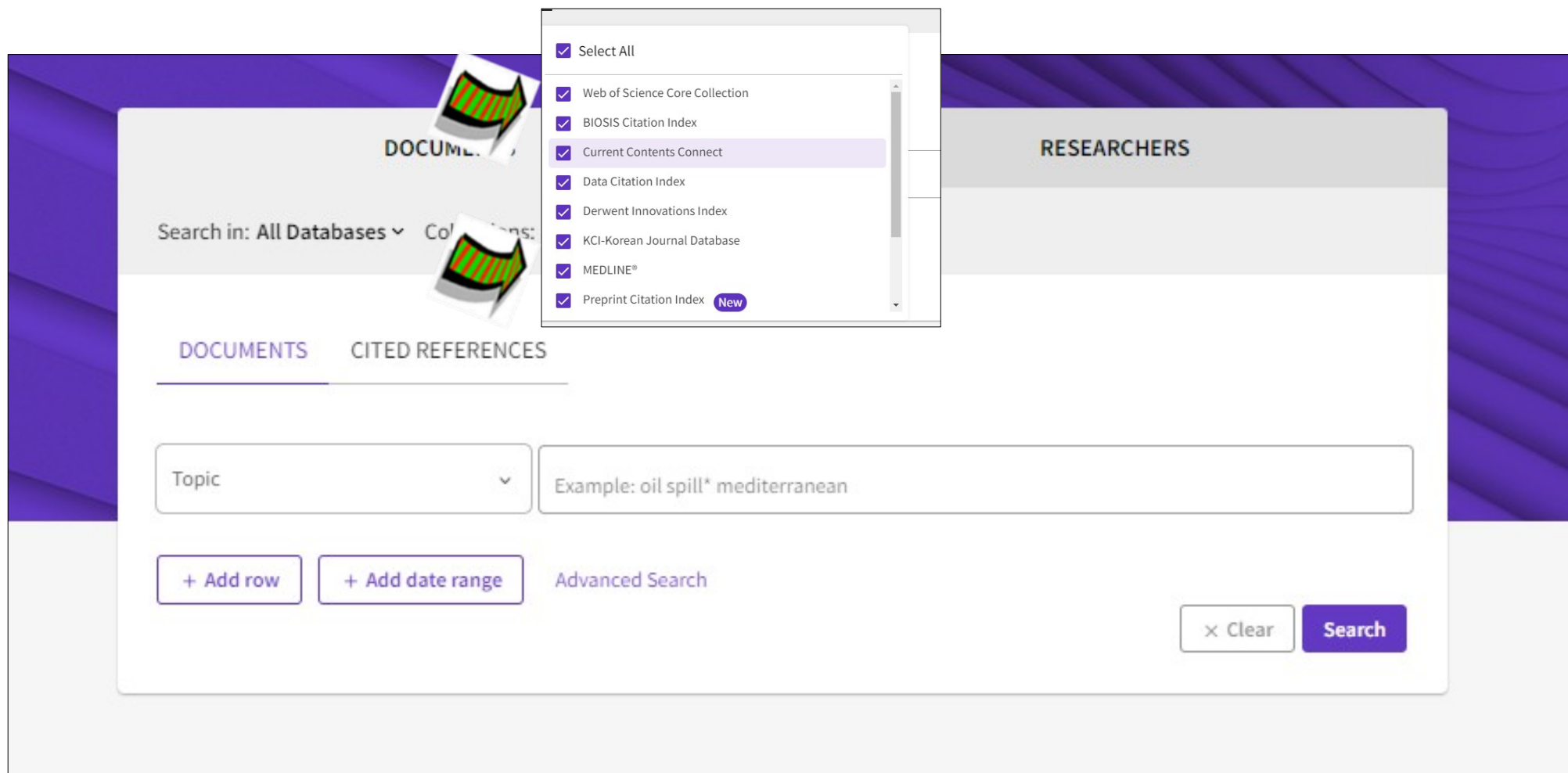
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Example: oil spill* mediterranean

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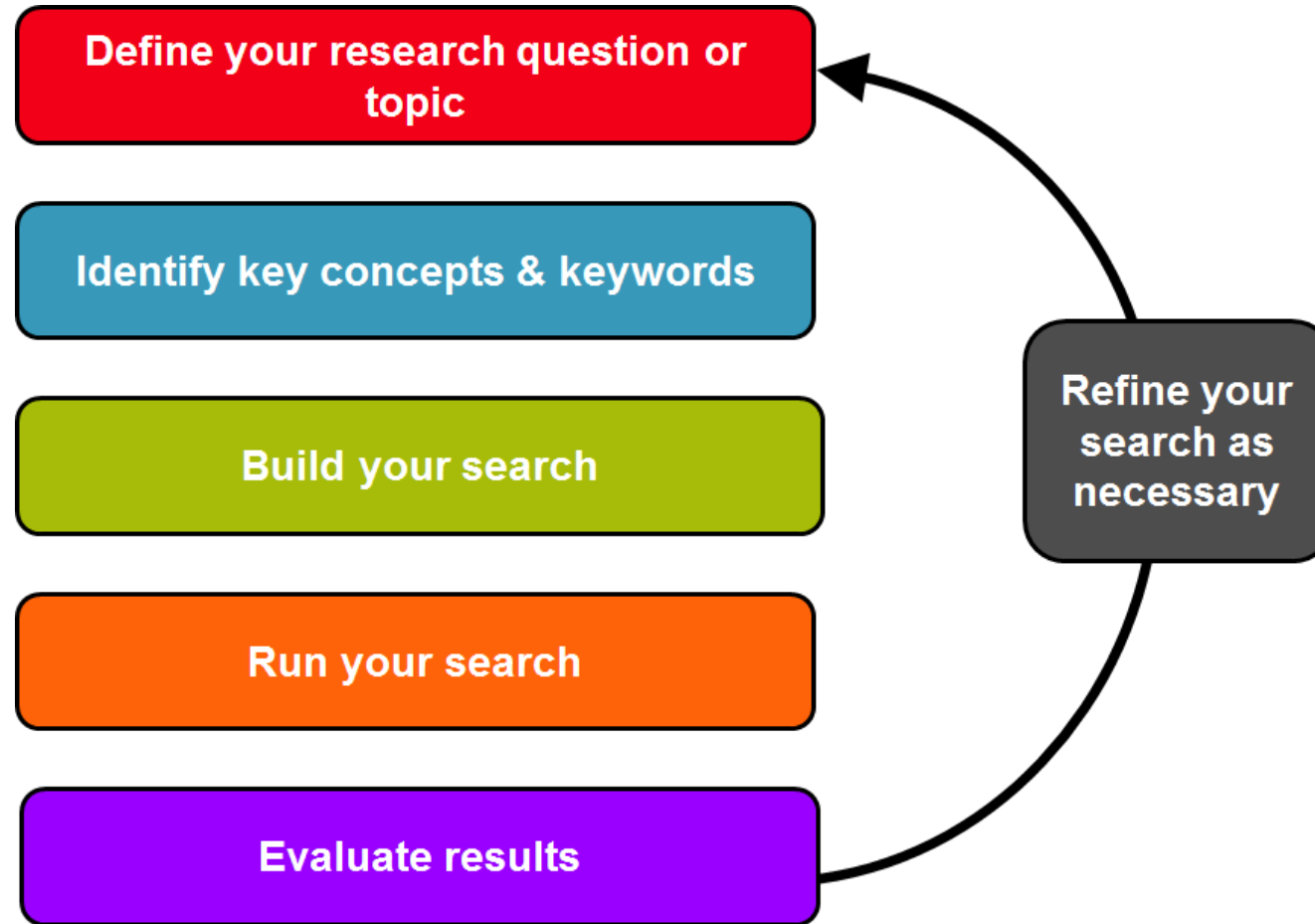
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Do Canadian Indigenous peoples have a right to healthcare?

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Indigenous Canadians

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Year introduced: 2021

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|---|--|--|
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| <input type="checkbox"/> education | <input type="checkbox"/> history | <input type="checkbox"/> statistics and numerical data |
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Tree Number(s): M01.270.968.500.600.375, M01.686.477.250.600.375

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Entry Terms:

- Canadians, Indigenous
- Indigenous Canadian
- Native Canadians
- Canadian, Native
- Canadians, Native
- Native Canadian
- Canadian Natives
- Canadian Native
- Native, Canadian
- Natives, Canadian
- Metis Canadians
- Canadian, Metis
- Canadians, Metis
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Year introduced: 1973

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☐ ethics

☐ history

☐ legislation and jurisprudence

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☐ standards

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What is another word for indigenous?



Need *synonyms for indigenous*? Here's a list of *similar words* from our *thesaurus* that you can use instead.

Contexts ▼

Originating or occurring naturally in a country or area

Innate or instinctive to a person or thing

Characteristic of, or related to, a particular nation

(especially of plants) Uninhabited or cultivated

... more ▼

Adjective ▲

Originating or occurring naturally in a country or area

native aboriginal first earliest autochthonous original

primordial primaeval^{UK} primeval^{US} primitive domestic

autochthonic endemic ancient initial born local homegrown

chthonic ethnic home-grown primary pristine primal mother

antique primigenial early embryonic fundamental [more >](#)

*“Neither is **indigenous** in the manner that Indians were **indigenous** to North America.”*

<https://www.wordhippo.com/>

Go to Wordhippo and find alternate synonyms for the terms,

“human right”

privilege

teenager

consequence

Do Canadian Indigenous peoples have a right to healthcare?

Frameworks for Research Questions

Applying a framework when developing a research question can help to identify the key concepts and determine inclusion and exclusion criteria.

PICo: Population /types of Participants, phenomenon of Interest, Context

PICO(S): Patient/Problem, Intervention, Comparator/Control, Outcome, (Study design)

PECO: Patient/Problem, Exposure, Comparison/Control, Outcome

PESICO: Person, Environment, Stakeholders, Intervention, Comparison, Outcome

PIPOH: Population, Interventions, Professionals/Patients, Outcome, Healthcare Setting

Example: PICO Question

P (Patient, Population, Problem)	I (Intervention)	C (Comparator)	O (Outcome)
How would I describe a group of patients similar to mine?	What main interventions, prognostic factors or exposure are you considering?	What is the main alternative to compare with the intervention?	What can you hope to accomplish, measure, improve or effect?
In: Otherwise healthy children...	Does: exposure to in utero cocaine...	Versus: children not exposed to in utero cocaine...	Result in: increased risk of learning disabilities?

Do Canadian Indigenous peoples have a right to healthcare

Do Canadian Indigenous peoples have a right to healthcare?

Do Canadian Indigenous peoples have a right to healthcare?

1. Indigenous peoples
2. Healthcare
3. right

Canadian Indigenous peoples have a right to healthcare?



Canadian Indigenous peoples have a right to healthcare?

1. Indigenous or native or indian or “first nations” or metis or eskimo

AND

2. Healthcare or “health care” or hospital* or doctor* or nurs*

AND

3.

4. English, 2000+, scholarly journal articles...

5. Canad*

Canadian Indigenous peoples have a right to healthcare?



English language
2000+
scholarly journal articles
Canad*

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forward citations

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Do Canadian Indigenous peoples have a right to healthcare?

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DOCUMENTS

CITED REFERENCES

Topic ▾

Example: oil spill* mediterranean
Indigenous or native or indian or "first nations" or metis or eskimo

⊖ And ▾

Topic ▾

Example: oil spill* mediterranean
Healthcare or "health care" or hospital* or doctor* or nurs*

⊖ And ▾

Topic ▾

Example: oil spill* mediterranean
right* or "human right*" or privilege*

+ Add row

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Search

5,233 results from All Databases for:

🔍 Indigenous or native or indian or "first nations" or metis or eskimo

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Indigenous or native or indian or "first nations" or metis or eskimo ×

⊖ And ▾ Topic ▾ Example: oil spill* mediterranean
Healthcare or "health care" or hospital* or doctor* or nurs* ×

⊖ And ▾ Topic ▾ Example: oil spill* mediterranean
right* or "human right*" or privilege* ×

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English language
2000+
scholarly journal articles
Canad*

think like the database
modify your search
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terms
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review MeSH terms
browse citations
read the articles
Ask for help!

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Example: oil spill* mediterranean

⊖ And ▾

Topic ▾

Example: oil spill* mediterranean

⊖ And ▾

Topic ▾

Example: oil spill* mediterranean

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Topic ▾

Example: oil spill* mediterranean
indigenous or aborigin* or "first canad*"

And ▾

Topic ▾

Example: oil spill* mediterranean
healthcare or "health care"

And ▾

Title ▾

Example: water consum*
right* or "human right*" or privilege* or challeng* or barrier*

And ▾

Topic ▾

Example: oil spill* mediterranean
Canad* or Ontario* or alberta or "british columbia" or Quebec* or "new Brunswick" or Yukon

+ Add row

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Search

110 results from All Databases for:

indigenous or aborigin* or "first canad*" (Topic)

Search

Search > Results for indigenous or a... > Results for indigenous or a... > Results for indigenous or a... > Results for indigenous or aborigin* or "first canad*" (Topic) AND healthcare ...

71 results from All Databases for:

Analyze Results

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+ Add Keywords

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1 Cultural Rights and First Nations Health Care in Canada

Wilmot, S

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In this paper, I apply Kymlicka's theory of cultural rights to the health care of Canada's First Nations, within the framework of human rights and the rights of indigenous peoples, as formulated by the United Nations. I extend Kymlicka's concept of cultural rights into a specific right to culturally appropriate health care, and I consider how this right can be categorized. I also explore how fa ... [Show more](#)

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By	Wilmot, S (Wilmot, Stephen) [1] , [2]
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Published	JUN 2018
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Document Type	Article
Abstract	<p>In this paper, I apply Kymlicka's theory of cultural rights to the health care of Canada's First Nations, within the framework of human rights and the rights of indigenous peoples, as formulated by the United Nations. I extend Kymlicka's concept of cultural rights into a specific right to culturally appropriate health care, and I consider how this right can be categorized. I also explore how far the Canadian state recognizes a right to health care in general and to culturally appropriate health care in particular; and whether it has instituted a statutory or constitutional right in these areas. Finally, I consider the same questions with regard to First Nations health care in British Columbia. My conclusions are that the right to culturally appropriate health care is not recognized nationally, or in British Columbia, and that the potential exists to establish such a right politically.</p>
Keywords	Keywords Plus: INDIGENOUS PEOPLES
Author Information	<p>Corresponding Address: Wilmot, Stephen (corresponding author)</p> <p>▼ Univ Derby, Univ Derby Online, Hlth & Social Care, Ilkeston, Derby, England</p> <p>Corresponding Address: Wilmot, Stephen (corresponding author)</p> <p>▼ Athabasca Univ, Edmonton, AB, Canada</p> <p>Addresses :</p> <p>▼ 1 Univ Derby, Univ Derby Online, Hlth & Social Care, Ilkeston, Derby, England</p> <p>▼ 2 Athabasca Univ, Edmonton, AB, Canada</p> <p>E-mail Addresses : S.Wilmot@derby.ac.uk</p>
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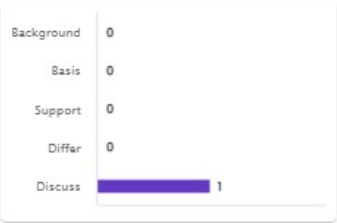
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Cultural Rights and First Nations Health Care in Canada

STEPHEN WILMOT

Abstract

In this paper, I apply Kymlicka's theory of cultural rights to the health care of Canada's First Nations, within the framework of human rights and the rights of indigenous peoples, as formulated by the United Nations. I extend Kymlicka's concept of cultural rights into a specific right to culturally appropriate health care, and I consider how this right can be categorized. I also explore how far the Canadian state recognizes a right to health care in general and to culturally appropriate health care in particular; and whether it has instituted a statutory or constitutional right in these areas. Finally, I consider the same questions with regard to First Nations health care in British Columbia. My conclusions are that the right to culturally appropriate health care is not recognized nationally, or in British Columbia, and that the potential exists to establish such a right politically.

STEPHEN WILMOT, MA, MSc, MEd, PhD, is an associate academic in health and social care at University of Derby Online, University of Derby, Derby, UK, and an instructor at Athabasca University, Edmonton, AB, Canada.

Please address correspondence to the author at S.Wilmot@derby.ac.uk.

Competing interests: None declared.

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Conclusion

The Tripartite Framework Agreement on First Nations health care provision in British Columbia was created partly in response to a perceived need for culturally appropriate health care. I have argued that a right to such health care was not built into the agreement. This is partly because Canada's health care system does not clearly provide for health care as a right in general, and partly because the tripartite system (probably as a consequence of the general Canadian situation) does not offer culturally appropriate health care as a right, in particular. So Kymlicka's argument for indigenous cultural rights has not been realized in this case; nor has my argued human right to culturally appropriate health care. However, I have suggested that by mobilizing the flexibility of multi-level governance, and aligning rights and duties, the right to culturally appropriate health care can be realized at a political level. It is clear that the establishment of that right in rules, practice, and discourse, against the established habits of Canada's political class, will take time, and it will involve the application of political arts over that time. But if First Nations leaders in British Columbia are willing and able to pursue this, a major precedent could be set for Canada in the advancement of indigenous rights.

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Nguyen, N., Subhan, F., Williams, K., & Chan, C. (2020). Barriers and Mitigating Strategies to Healthcare Access in Indigenous Communities of Canada: A Narrative Review. *HEALTHCARE*, 8(2).

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Tait, C. (2022). Challenges facing Indigenous transplant patients living in Canada: Exploring equity and utility in organ transplantation decision-making. *INTERNATIONAL JOURNAL OF CIRCUMPOLAR HEALTH*, 81(1). <https://doi.org/10.1080/22423982.2022.2040773>



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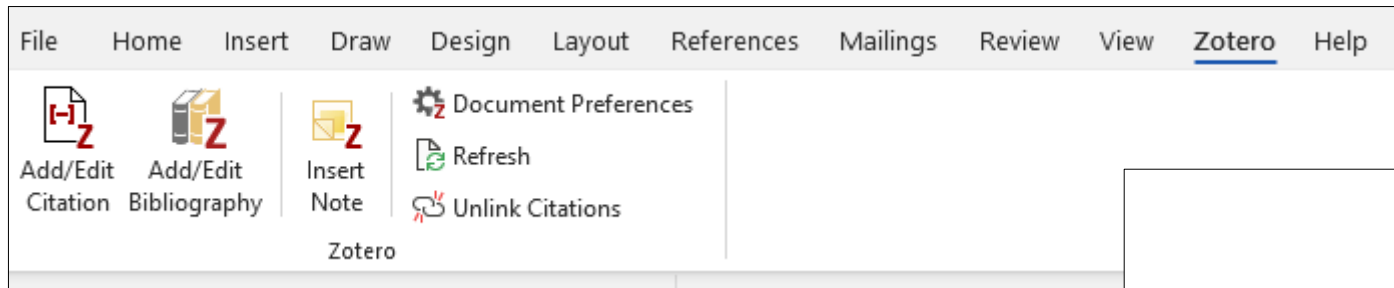
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Health literacy education programmes developed for qualified health professionals



My HLSC 2P00 paper

This paper will discuss health literacy as a form of national importance (Connell et al., [2023](#))...

References

Connell, L., Finn, Y., & Sixsmith, J. (2023). Health literacy education programmes developed for qualified health professionals: a scoping review. *BMJ Open*, 13(3), e070734. <https://doi.org/10.1136/bmjopen-2022-070734>

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- Top 10 resources you should know about!
- Scholarly resources – books
- Scholarly resources – databases
- Scholarly resources – articles
- How to search for information
- Where, how and when to get help!
- Questions / Answers

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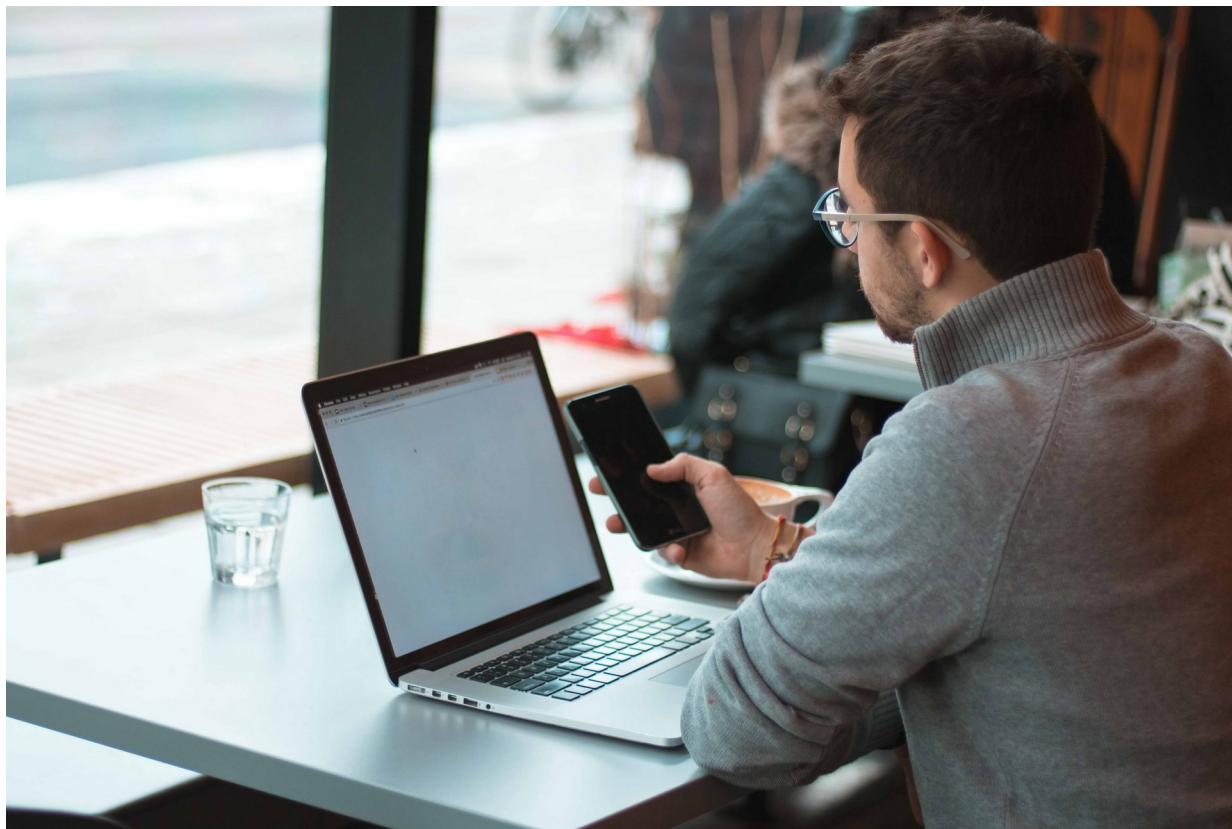
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- Top 10 resources you should know about!
- Scholarly resources – books
- Scholarly resources – databases
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- How to search for information
- Where, how and when to get help!
- Questions / Answers

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